

Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 02 / 2014</div> </div>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <div> <div></div> <div>66.58</div> </div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D543900 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 02 / 2014</div> </div>
Purpose of Expenditure InKind Staff		Category/ Type <div> <div>001</div> </div>	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>108854.18</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.16
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____